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<b>To</b>	Commissioner for Patents
<b>Company</b>	USPTO
<b>FAX</b>	(703) 746-4060
<b>From</b>	Lisa Dixon
<b>Date</b>	April 20, 2005
<b>Subject</b>	Application No. 10/632,340 Attorney Docket No. VPI/02-119 US
<b>Total Pages</b>	20

**Message or Comment****CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence, and any documents referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile Number: (703) 746-4060 on April 20, 2005.

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**FAX Number (617) 444-6483 Legal Department**

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For Other Than A Small Entity

VPI/02-119 US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Venkataraman Balasubramanian  
Group : 1624  
Applicants : Cornelia Forster, et al.  
Serial No. : 10/632,340  
Confirmation No. : 3588  
Filed : August 1, 2003  
For : COMPOSITIONS USEFUL AS INHIBITORS OF GSK-3

Cambridge, Massachusetts  
April 20, 2005

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ an Amendment and Response; ☒ a Petition for Three Month Extension of Time; ☐ Notice of Appeal; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	23 =	X \$ 50 =		\$ 0
INDEPENDENT CLAIMS	-	2 =	X \$200 =		\$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$360 =		\$

\* If less than 20, insert 20.

TOTAL \$ 0

\*\* If less than 3, insert 3.

☐ A check in the amount of \$\_\_\_ in payment of the filing fee is transmitted herewith.

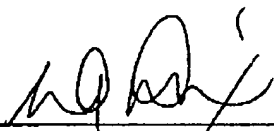
☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

☐ Please charge \$\_\_\_ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

**EXTENSION FEE**

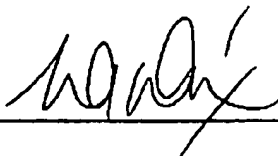
- [X] The following extension is applicable to the Response filed herewith; [ ] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a)(1); [ ] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a)(2); [X] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a)(3); [ ] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a)(4); [ ] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a)(5).
- [ ] A check in the amount of [ ] \$130.00; [ ] \$450.00; [ ] \$1,020.00; [ ] \$1,590.00; [ ] \$2,160.00 in payment of the extension fee is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
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Dated: April 20, 2005

  
\_\_\_\_\_  
Lisa A. Dixon (Reg. No. 40,995)  
Attorney for Applicants  
VERTEX PHARMACEUTICALS  
INCORPORATED  
130 Waverly Street  
Cambridge, MA 02139  
Tel.: (617) 444-6396  
Fax: (617) 444-6483  
Customer No.: 27916

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FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$360 =	\$
* If less than 20, insert 20. TOTAL \$ <u>0</u> ** If less than 3, insert 3.				

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**EXTENSION FEE**

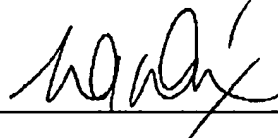
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Attorney for Applicants  
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PETITION FOR EXTENSION OF TIME

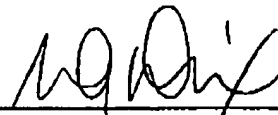
Pursuant to 37 C.F.R. §1.136(a)(3), applicants hereby petitions for a three-month extension of time to respond to the October 20, 2004 Final Office Action in the above-identified application. With the extension, the response is due on or before April 20, 2005.

The Director is here authorized to charge the required fee of \$1,020.00 to Deposit Account 50-0725.



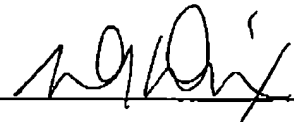
Applicants believe no additional fees are due with this filing; however, the Director is authorized to charge any additional fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this Petition is enclosed.

Dated: April 20, 2005

  
\_\_\_\_\_  
Lisa A. Dixon (Reg. No. 40,995)  
Attorney for Applicants  
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